

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018755

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4216

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4216

STATE FILE NUMBER

FILED MAY 1 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

St. Louis

Length of stay in 1b

3 1/2 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

8824 Lowell

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

St. Louis

d. STREET  
ADDRESS

(If outside, give location)

8824 Lowell

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOHANNA

K

ENGELMANN

4. DATE  
OF  
DEATH

Month

Day

Year

April

23

1962

## 5. SEX

female

## 6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

9/17/1884

## 9. AGE (last birthday)

77 years

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Elizabeth, New Jersey

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Christ Klitsch

## 13b. MOTHER'S MAIDEN NAME

Katherina Schwartz

## 14. NAME OF HUSBAND OR WIFE

Joseph J. Engelmann

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Joseph Engelmann - 8824 Lowell Ave

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

CEREBRAL THROMBOSIS

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

## DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/17/57 to 4/23/62 and last saw her alive on 4/21/62  
Death occurred at 5:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Earl W. Lorian, M.D.

## 22b. ADDRESS

6000 WEST FLORISSANT

## 22c. DATE SIGNED

4/23/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

removal

## 23b. DATE

April 25, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

Laurel Hill Gardens

## 23d. LOCATION (City, town, or county)

St. Louis County

## (State)

Missouri

## 24. FUNERAL DIRECTOR

ADDRESS

BUCHHOLZ MORTUARY-5967 W. Florissant Ave

## 25. DATE RECD. BY LOCAL REG.

APR 24 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Nicholas J. Buschholz

Licensed Embalmer No. 4551

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.